

May 24 2008 17:39

CAPITAL CARE, INC.

3019332007

p.4

PRINTED: 05/22/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R 05/14/2008
NAME OF PROVIDER OR SUPPLIER  CAPITAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2820 HARTFORD STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{1 000}	<b>INITIAL COMMENTS</b>  An follow-up licensure survey was conducted on May 13, 2008 and May 14, 2008 at the group home. The survey was a follow-up to determine the facility's compliance with the regulations and with the deficient practices identified during the initial licensure and follow-up surveys conducted on February 4, 2008 and March 21, 2008 respectively. There were five individuals residing in the facility who had been diagnosed with varying degrees of mental retardation and other disabilities.  The findings of the survey were based on observations at the group home, interviews with management and direct care staff in the residential program, as well as a review of habilitation and administrative records, which included the facility's unusual incident reporting system.	{1 000}			
{1 222}	<b>3510.3 STAFF TRAINING</b>  There shall be continuous, ongoing in-service training programs scheduled for all personnel.  This Statute is not met as evidenced by: Based on observation, interview and record, the GHMRP failed to ensure a continuous, ongoing in-service training program to enable all personnel to perform duties effectively and competently for two (Residents #1 and #6) of the five residents in the facility.  The findings include:  1. The facility failed to ensure that each staff had been adequately trained to implement therapeutic diets as prescribed/in accordance with mealtime protocols.	{1 222}		2008 JUN 11 P 12:07 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Paul Alene*TITLE  
*Executive Director*

(X6) DATE

STATE FORM

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If continuation sheet 1 of 9



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{122}	<p>Continued From page 2</p> <p>the resident, one slice at a time. The resident appeared to be edentulous. She ate several of the apple slices, but required verbal prompts from the staff to eat them slowly. Review of the diet order prescribed by the physician revealed an order for a regular diet, high fiber and double portion ground diet. Also, a nutritional assessment dated 5/8/08 stated that the resident was prescribed a regular, high fiber diet. Review of the meal time protocol revealed the resident should receive ground textured foods, and should be monitored for eating rapidly and overstuffing her mouth. Training on the client's diet and on the mealtime protocol was provided to the direct care staff by the supervisory Registered Nurse (RN) on 5/13/08. There was no evidence however that staff had consistently implemented Resident #1's diet as required by the meal protocol.</p> <p>[Note: The review of training records on 5/14/08 revealed staff received training from the nutritionist on 2/4/08. Further record review revealed on that date information was provided on general nutrition needs, portions, food preparation, textures, sanitary food handling, leftovers, weights and food shopping. Eleven staff were present. There was no evidence nutrition training on food textures had been effective to ensure the accurate implementation of the resident's therapeutic diets.]</p> <p>2. Facility failed to ensure staff were adequately trained on menu substitution.</p> <p>Interview with direct staff on 5/13/08 at 7:25 AM revealed the breakfast menu included french toast, strawberries, diet syrup, turkey ham, and milk. At 8:28 AM Client #6 was served breakfast which included bite-size turkey ham and bite-size buttered toast, jello, cornflakes and milk.</p>	{122}	<p>2.) Program Coordinator provided an overview of food substitution to staff, explaining food group substitutions. Dietitian will conduct a training to include proper food substitutions, and documentation by 6/15/08.</p>	6/15/08	

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(1222}	Continued From page 3  Interview with the staff indicated the jello had been substituted for the strawberries. Record review revealed the nutritionist provided training to staff on 2/4/08. The review of the agenda indicated that a variety of topics related to nutrition and meal service was included. There was no evidence however that staff had been adequately trained on menu substitutions to ensure that a food of similar nutritive value replaced the strawberries on the menu when they were not available to be served.	(1222}			
(1371}	3519.2 EMERGENCIES  Each GHMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff were adequately and effectively trained to implement the established written policies and procedures regarding incident management.  The findings include:  1. According to the facility's incident management policy, the program coordinator (PC) should assess the severity of the situation and instruct the staff person accordingly. Additionally, the PC should review all documentation and record the incident on the "Unusual Occurrence Incident Form" and forward it to the appropriate authorities, including the DOH. The review of unusual incidents revealed the following:  The facility failed to report injuries of unknown	(1371}	3519.2 1.) All staff will receive training on incident reporting, and documentation. The newly trained Incident coordinator will ensure that all incidents are reported to all agencies and families including DOH in a timely manner and that documentation of notification is included on the incident report. The incident coordinator will investigate all incidents of unknown origin, and these will be reviewed by program coordinator and administrator. Program coordinator and nurse coordinator will ensure that nurses monitor any injuries to resolution.		6/20/08

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(1371)	Continued From page 4  origin as required by the incident management policy.  a) On 4/15/08 at 7:00 PM direct care staff discovered a bruise on Resident #1's spinal area before giving her a shower. Further review of the incident report revealed staff called the nurse to observe the bruise. There was no evidence the PC was informed of the resident's injury or that the incident was reported to the incident management coordinator, the the resident's family, the administrator, or DOH. The review of subsequent progress notes failed to reveal evidence that the resident's bruise on her spine area was monitored. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  b) On 4/15/08 at 7:20 PM direct care staff discovered a bruise on Resident 8's right thigh and back above her shoulder while giving her a shower. Review of the incident report revealed the nurse was called and observed the client's injury. Although direct care staff completed the unusual incident report, there was no evidence the PC was informed of the resident's injury or that the incident was reported to the incident management coordinator, the resident's family, the administrator, or DOH. Additionally, there was no evidence the origin of Resident #6's bruise was investigated.  2. The facility failed to report resident transfers to the emergency room for treatment in accordance with its policies that addressed emergency situations.  a) Resident #3 was taken to the emergency room on 4/5/08 due to being weak, sweaty and having abnormal vital signs. There was no	(1371)	b). The new incident coordinator is conducting an investigation of the bruise on resident #6's thigh. Incident coordinator will follow procedures for investigations and reporting incidents to all parties. In the future, the program coordinator will review incidents to ensure that all incidents are investigated, and reported in a timely manner.  2.) Resident #3's emergency room visit was reported to family and attorney, as well as service coordinator. Proper procedures for all emergency room visits will be followed. New incident investigator will ensure that family members are notified in a timely manner. Program coordinator will review all incidents to ensure that all parties are notified and documentation is available to substantiate it.	6/10/08          6/10/08	

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{ 371 }	Continued From page 6 reported, or investigated.  Interview with the PC on 5/14/08 indicated that calls were made to notify the families of the client's injuries and/or changes in health status. Record review revealed the documentation was not available to reflect the notification of the aforementioned incidents. Although the record reflected that some training had occurred, there was no evidence the training had been effective to ensure documentation and timely reporting of unusual incidents as required.	{ 371 }	procedures to prevent recurrence of this incident. A one-on-one staff will be instituted at the day program to monitor resident from putting activity material in her mouth. Program coordinator will review all incidents in the future to ensure that reporting and documentation are done per procedures.	6/30/08	
1374	3519.5 EMERGENCIES  After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.  This Statute is not met as evidenced by: Based on interview and the record review, the facility failed to ensure that after medical services had been secured, the GHMRP notified the resident's guardian, next of kin, or authorized representative as soon as possible, followed by written notification and documentation within the established time frame.  The findings include:  Interview with the program coordinator on 5/14/08 revealed that she informed the guardian or next of kin when the residents had an unusual incident. The review of documentation, including unusual incidents failed to reflect how and when	1374			

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1374	Continued From page 7 this information was communicated. [See Citation 3519.2 (0371)].	1374	3519.5  See 3519.2 (0371)		
(1 500)	<b>3523.1 RESIDENT'S RIGHTS</b>  Each GHMRI residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on on observation, interview and record review, the GHMRP failed to ensure that the rights of each resident were protected.  The findings include:  See Deficiency Report - Citations 3510.3, 3517.2 and 3517.3	(1 500)			
1999	<b>FINAL OBSERVATIONS</b>  The following observation was made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent potential non-compliant practices:  Observation of the carpet in the sitting and living rooms on 5/13/08 at 7:15 AM revealed dry carpeting with several areas which were lighter in color than the surrounding sections. Interview with staff indicated water entered the facility approximately one week earlier after heavy rain, causing the carpet to become wet. Interview with the administrator on 5/14/08 indicated that the	1999	3523.1 See 3510.3, 3517.2 and 3517.3		

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I 999	Continued From page 8 carpet was dried immediately and that shampooing of the carpet was scheduled for 5/17/08.			I 999	1999 Carpet was cleaned on 5/17/08. Home manager will do weekly environmental checks to ensure that carpets and home are clean and well maintained.		5/17/08



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{R 000}	INITIAL COMMENTS	{R 000}			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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